

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

**SHOUXIANG HU**  
**PRIMARY EXAMINER**

(Primary Examiner) (Date)

**Total Claims Allowed: 7**

O.G.  
Print Claim(s)

O.G.  
Print Fig

☐ Claims renumbered in the same order as presented by applicantCPA

☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
1	1		31			61			91			121			151		181
2	2		32			62			92			122			152		182
3	3		33			63			93			123			153		183
4	4		34			64			94			124			154		184
5	5		35			65			95			125			155		185
6	6		36			66			96			126			156		186
	7		37			67			97			127			157		187
	8		38			68			98			128			158		188
	9		39			69			99			129			159		189
	10		40			70			100			130			160		190
	11		41			71			101			131			161		191
	12		42			72			102			132			162		192
7	13		43			73			103			133			163		193
	14		44			74			104			134			164		194
	15		45			75			105			135			165		195
	16		46			76			106			136			166		196
	17		47			77			107			137			167		197
	18		48			78			108			138			168		198
	19		49			79			109			139			169		199
	20		50			80			110			140			170		200
	21		51			81			111			141			171		201
	22		52			82			112			142			172		202
	23		53			83			113			143			173		203
	24		54			84			114			144			174		204
	25		55			85			115			145			175		205
	26		56			86			116			146			176		206
	27		57			87			117			147			177		207
	28		58			88			118			148			178		208
	29		59			89			119			149			179		209
	30		60			90			120			150			180		210